Connecticut State Innovation Model



Work Stream Update

Council/ Work Stream	Major Topics Covered	Progress/ Outputs	Next Steps	Upcoming Meetings
		COUNCILS/ TASKFORCES/ COMMITTEE	S	
Healthcare Innovation Steering Committee (HISC)	Population Health EAC	 New representatives were appointed to the CAB and EAC, and changes to the Composition of PTTF were discussed. The HIT and VBID charters were approved. The Equity and Access Council Final Report was Accepted. Dr. Mario Garcia, the newly hired lead for the Population Health Planning Workstream under DPH, presented on Population Health. 	 Review and approve VBID Consortium Applicants Review CHW Council Charter and Composition and provide feedback Review Population Health Council Charter and Composition and provide feedback 	1/14/16
Consumer Advisory Board (CAB)	CHW VBID	 CAB discussed Behavioral Health Forum to take place in March (Michaela Fissel and Sharon Langer cochairs). The need for childcare was discussed for the event. The Workforce Design Group was discussed in more detail. It was determined that appointments for the Design Group are less formal than an official Council. The importance of coordinating the work of the Design Group with the CHW Council was emphasized. A special meeting of the CAB Appointment Committee was held on 12/15/15. The group reviewed their charge and mission, discussed their approach to the VBID solicitation, and reviewed other workgroup openings. 	 Confirm Consumer appointments for VBID Consortium Continue work on development of Workforce Design Group and establish goals for the group. 	1/12/16

Council/ Work Stream	Major Topics Covered	Progress/ Outputs	Next Steps	Upcoming Meetings
Practice Transformatio n Task Force (PTTF)		 Finalized definition for individuals with complex healthcare needs Reviewed and provided input on SIM logic model 	 Review revised CCIP report and proposed changes to the standards 	02/02/16
Health Information Technology (HIT)		The HIT Council meeting scheduled for 12/18/15 was cancelled as the SIM PMO continued to work diligently to finalize programmatic requirements, secure input on its program logic model, and identify potential payers/providers willing to participate in the edge server indexing technology pilot. Given these activities were on-going and there were no substantive updates to report to council members, no meeting was held. The UConn HIT Team: Procured a HIT consultant to develop the HIT section of the SIM Operational Plan and began preparations to kick-off the engagement Continued staff recruiting efforts Provided feedback to the PMO on the logic model Continued support of the HIT Council	 Secure approval for revised HIT Council charter from HISC Secure finalized programmatic requirements and logic model from PMO Secure updated status on payer/provider commitments to use eCQMs in VBP contracts and participate in pilot test of edge server indexing. Based on potential users, identify technology capabilities that would be included in a parallel RFI process and facilitate a demo of edge server indexing technology. 	01/15/16
Equity and Access Council (EAC)		 EAC Reports have been received. A synthesis of comments is underway. 	 Create a synthesis of EAC public comments to be published 	











Council/ Work Stream	Major Topics Covered	Progress/ Outputs	Next Steps	Upcoming Meetings
Quality Council (QC)		 Reviewed and provided input on SIM Logic Model Reviewed new version of quality measures table Discussed meeting with HIT Council Co-chairs 	 PMO is continuing work on the second draft of the Quality Council report No meetings of the Quality Council scheduled until March 	1/13/16
Care Management Committee (CMC) (A sub- committee of MAPOC)	MQISSP	 Convened to discuss several MQISSP components and accompanying materials, including the Communication Plan Proposal, Participating Entity Foundational and Working Assumptions, and Oversight Requirements. Participated in the Provider Qualifications webinar to discuss the MQISSP Oversight Requirements. 	 Continue to hold work sessions and education sessions to further the MQISSP design. 	1/13/16









- Behavioral Risk Factor Surveillance System (BRFSS) oversampling continued through December 31, 2015.
- Contract language for an amendment with the BRFSS contractor for the 2016 survey year has been successfully negotiated. OPM approval for the eDAR is pending.
- A review of 26 Community Health Needs Assessment is in progress, and additional extraction of SIM specific data is underway. Evaluation of data sourcing is now complete for the customized SIM state health assessment. Data pooling of online resources is being compiled, to assist as tools, in the future for data needs/inquiries.
- The exam for Prevention Services Coordinator was posted and interviews were held for the Health Program Associate position.
- Complete review of financial modelling methods.
- Continue to monitor enhanced BRFSS activities by the contractor for the 2015 survey.
- New UConn staff working on the Population estimates project proposed several methods for combining correlated predictors of annual net migration.

- Track eDAR approval by OPM and contract execution with the BRFSS contractor for the 2016 survey year.
- Finalize structure and composition of Population Health Council for presentation to the Steering Committee.

Council/ Progress/ Next Steps
Work Stream Outputs

SIM WORK STREAMS / PROGRAMS / INITIATIVES



Population

Health

(DPH)

Planning









Council/ Progress/ **Next Steps Work Stream Outputs** Medicaid Produced an MQISSP Communication Plan Proposal, which Continue efforts for the shared savings model test run. Quality outlines the various communication timelines and mechanisms Continue developing member education materials **Improvement** that would occur through the initiation of the MQISSP. outlined in the MQISSP Communication Plan. and Shared Delivered the final MQISSP Concept Paper to CMS, which will Savings support discussions between DSS and CMS regarding the MQISSP **Program** program design. Facilitated a Provider Qualifications webinar to discuss the Oversight Requirements that would be required for participation in the MQISSP. Held initial meeting and two follow-up calls with Freedman **Review Consortium Applications through Steering** Committee Personnel Subcomittee (1/7/16) and confirm Healthcare, the consultant selected to lead the Consortium and development of VBID templates and accompanying materials appointments at Steering Committee meeting (1/14/16) Opened employer, consumer/advocate, and provider applications Plan and execute training webinar in advance of first Value-based for the VBID Consortium (Application Deadline 1/6/16).. Solicited consortium meeting Insurance applications through business groups and the CAB. Reached out to Finalize Agenda for first Consortium Meeting (2/2/16) Design health plans to ensure participation on the Consortium. Reviewed plan for first Consortium meeting Identified need for a training webinar to precede first Consortium meeting









Council/ Work Stream

UCONN

Health

Community

Worker (CHW)
Initiative

Progress/ Outputs

Next Steps

- Worked with CHW consultants to draft CHW training and certification requirements, core competencies, scope of work, and payment mechanisms.
- Engaged a variety of stakeholders and presented on SIM CHW initiative to employers and Cigna Foundation.
- Made progress on creating a CHW Advisory Council by drafting charter and composition documents. Communicated with the CAB about its efforts to form an associated Workforce Design Group.
- Obtained approval for release of funds (\$9,000) for CHW Evaluation and Website Design. Prepared and routed contracts for respective consultants.
- Provided technical assistance to current employers of CHWs to help optimize CHW effectiveness.

Non-SIM-funded associated activities:

- Awarded grant from CT Health & Educational Facilities Authority to train CHWs in North Hartford.
- Partnering with Community Solutions in the <u>Promise Zone of North</u> <u>Hartford</u> to retrain certified nursing assistants as CHWs.
- Conducting group CHW core-competency training for Community Health Network of CT and one-on-one CHW core-competency training for <u>DPH Breast and Cervical Cancer Early Detection</u> Program.
- Submitted application to CT DOL for <u>Incumbent Worker Training</u> grant for CHWs.

- Hire 2 CHWs to develop community resources.
- Execute additional stakeholder meetings (e.g., with DSS and DPH).
- Finalize Advisory Council charter and composition documents and identify members.

Commence Evaluation and Web/IT work as soon as funds are released.

♣ Population Health









Council/ Work Stream	Progress/ Outputs	Next Steps
UCONN Evaluation	 Continued data acquisition for dashboard Calculated public health baselines and targets Continued metrics alignment Attended monthly call with national evaluators Worked towards next dashboard publication to include new data and views including the population health baselines and targets Met with SIM PMO and CT Medical representatives regarding patient experience surveys Developed new drafts of potential behavioral health questions for inclusion in patient experience survey. 	 Continue data acquisition Attend monthly call with national evaluators Finalize metrics alignment Work towards next dashboard publication to include new data and views including the population health baselines and targets Finalize patient experience survey Finalize description of sampling frame for patient experience survey Develop strategy for collecting data form ACOs about affiliated physicians
Advanced Medical Home Vanguard	 Of the fifty two (52) practices that were receiving transformation support from Qualidigm and Planetree, two (2) practices have exited the program due to the retirement of the lead clinican 	 Continue transformation services. Prepare presentation that describes AMH Vanguard progress and evaluation activities to date to the

- Vanguard **Program**
- and one new practice has submitted an application to join the program.
- All practices have completed the PCMH pre-assessment and office specific plans.
- The Kick-off for Cohort 3 took place on December 17th. There are nine (9) practices in this cohort.
- The AMH Vanguard Pilot presentation was presented to the HISC on December 10th.

- February 11th HISC meeting.
- Formulate plan for periodic progress reporting to commercial payers and Medicaid
- Prepare amendment to Qualidigm contract to accommodate the addition of a new cohort in 2016.









Council/ Work Stream	Progress/ Outputs	Next Steps
Program Management Office (PMO)	The PMO was granted a 3-month No Cost Extension (NCE) and has been working with the work streams to adjust their budgets and timelines to align with the new deadlines The PMO has been reviewing the operational plan to identify and complete missing information, as well as to make changes based on the NCE Restructured reporting documents including the monthly tracking tool and the risk/issue tracking tool	 Finalize budgets based on No-cost extension Complete draft of Operational Plan by February 1 to be shared with Federal Project Officer for review

ACRONYMS	EAC – Equity and Access Council
APCD – All-Payers Claims Database	EHR – Electronic Health Record
BRFSS – Behavioral Risk Factor Surveillance System	HISC – Healthcare Innovation Steering Committee
CAB – Consumer Advisory Board	HIT – Health Information Technology
CCIP – Clinical & Community Integration Program	MAPOC – Medical Assistance Program Oversight Council
CHW – Community Health Worker	MOA – Memorandum of Agreement
CMC – Care Management Committee	MQISSP – Medicaid Quality Improvement and Shared Savings
CMMI – Center for Medicare & Medicaid Innovations	Program
DPH – Department of Public Health	PCMH – Patient Centered Medical Home
DSS – Department of Social Services	PMO – Program Management Office











PTTF – Practice Transformation Task Force

RFP – Request for Proposals

QC - Quality Council

OSC – Office of the State Comptroller

SIM – State Innovation Model

VBID – Value-based Insurance Design

FQHC – Federally Qualified Health Center

The purpose of this document is to raise awareness among members of SIM Governance and SIM-funded work stream leads so that they can stay up-to-date about SIM progress, understand their work in context, and spot inter-dependencies where collaboration or coordination may be beneficial







